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Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

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		THE STATE OF THE S				(Signature)
		FRADEMAR	Y Q.			(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/988,342	11/19/2001	Hiroomi Matsuza		i i	684.3286	8519
TITLE OF INVENTION: PI	ROCESS CARTRIDGE, E	LECTROPHOTOGRAP	HIC IMAGE FO	RMING APPARAT	US AND CARTRIDGE MOUN	TING METHOD
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBL	CATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300		\$300	\$1600	07/22/2003
EXAMINER		ART UNIT	CLASS-SUBCLASS			
BEATTY, ROBERT B		2852	399-111000			
Change of corresponden	ce address or indication of	"Fee Address" (37	2. For printing	on the patent front	page, list (1)	
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☐ "Fee Address" indicati	cation form	attorney or agent) and the names of up to 2 Harper & Scinto registered patent attorneys or agents. If no name				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED ON THE	PATENT (print o	r type)		
PLEASE NOTE: Unless a	n assignee is identified be	low, no assignee data w	ill appear on the r	natent Inclusion of	assignee data is only appropria	te when an assignment has
been previously submitted (A) NAME OF ASSIGNE				n of this form is NC and STATE OR C	OT a substitute for filing an assig	gnment.
		( <i>b</i> ) KE	SIDENCE. (CIT	and STATE OR C	OUNTRT)	
Canon Kabushi	ki Kaisha	To	okyo, JAPA	ĀN		
) Please check the appropriate	assignee category or cate	gories (will not be printed	d on the patent)	□ individual ◀	corporation or other private g	roup entity 🚨 government
4a. The following fee(s) are		<u> </u>	ment of Fee(s):			
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(Authorized Signature)		(Date)				02450
Gary M. Jacobs	, Reg. No. 28	,861 7/2	22/03	07/24/2003	MAHMED2 00000068 0998	0376
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estimated to take 12 minut	es to complete, including	gathering, preparing, an	d submitting the			
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